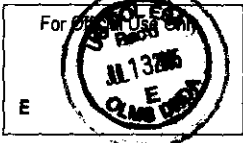


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>2886</u>	2. Fiscal Year Covered From: <u>01/01/04</u> Through: <u>12/31/04</u>
3. Name and address of person filing. Name <u>ROBERT H. GROIT</u> P.O. Box, Bldg., Room No., if any <u>SUITE 'B'</u> Street <u>546 EAST McNAB ROAD</u> City <u>POMPANO BEACH</u> State <u>FLORIDA</u> ZIP Code + 4 <u>33060-9354</u>	4. Name, file number, and address of labor organization. Name <u>MASTERS, Mates & Pilots</u> Labor Organization File Number <u>000-162</u> P.O. Box, Building and Room Number, if any Street <u>700 MARITIME BLVD SUITE A</u> City <u>LINTHICUM HEIGHTS</u> State <u>MARYLAND</u> ZIP Code + 4 <u>21090-0925</u>
5. Position in labor organization.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7. a. Nature of Interest, Transaction, or Income. 7. b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>[Signature]</u>	On <u>7/8/05</u> Date <u>954-254-6147</u> Telephone Number

Name of Person Filing	Robert H. Groh	File Number U-	2836
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name: MASTERS, PHAS & PILOT BENEFIT PHAS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street: 700 MARITIME BLVD SUITE A

City: LINTHICUM HEIGHTS

State: MARYLAND ZIP Code + 4: 21090-1941

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name: ROBERT GROH, VP TRUSTEE

Trade Name, if any:

P.O. Box, Bldg., Room No., if any: SUITE B

Street: 540 EAST MENAS ROAD

City: BEACHWOOD BEACH

State: FLORIDA ZIP Code + 4: 33060-9354

11.a. Nature of such dealing.

I AM A TRUSTEE & PARTICIPANT IN THE TRUST/PHAS LISTED IN #8

11.b. Approximate dollar value of such dealing.

N/A

12.a. Nature of interest held or income received.

REIMBURSEMENT OF TRUST MEETING EXPENSES JAN/FEB 2004

12.b. Amount.

\$899.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐

or Consultant ☐

?

14.b. Amount of payment.

Name of Person Filing <u>Robert H. Groh</u>	File Number U- <u>2836</u>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name MASTERS, MARIS & PILOT BENEFIT TRUST

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any: _____

Street 700 MARITIME BLVD SUITE A

City PINTHICUM HEIGHTS

State MARYLAND ZIP Code + 4 21090-1941

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name ROBERT GROH, VP TRUSTEE

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any: SUITE B

Street 540 EAST MENARD ROAD

City BOYDARD BEACH

State FLORIDA ZIP Code + 4 33060-9334

11.a. Nature of such dealing.

I AM A TRUSTEE PARTICIPANT IN THE TRUST/PLANS LISTED IN #8.

11.b. Approximate dollar value of such dealing.

N/A

12.a. Nature of interest held or income received.

EXPENSES IN ATTENDING I.F.F.B.P. CONFERENCE APR/MAY 2004.

12.b. Amount.

\$2067⁰⁰

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any: N/A

Street _____

City _____

State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.b. Is the Business an Employer ☐

or Consultant ☐

?

14.b. Amount of payment.

Name of Person Filing <u>Robert H. Groh</u>	File Number U- <u>2836</u>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name: MASTERS, MARS & PILOT BENEFIT PLANS
 Trade Name, if any: _____
 P.O. Box, Bldg., Room No., if any: _____
 Street: 700 MARITIME BLVD SUITE A
 City: LINTHICUM HEIGHTS
 State: MARYLAND ZIP Code + 4: 21090-1941

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name: ROBERT GROH, VP TRUSTEE
 Trade Name, if any: _____
 P.O. Box, Bldg., Room No., if any: SUITE B
 Street: 540 EAST MENARD ROAD
 City: DADEWOOD BEACH
 State: FLORIDA ZIP Code + 4: 33060-9354

11.a. Nature of such dealing.

I AM A TRUSTEE & PARTICIPANT IN THE TRUST/PLANS LISTED IN #8.

11.b. Approximate dollar value of such dealing.

N/A

12.a. Nature of interest held or income received.

REIMBURSEMENT OF TRUST MEETING EXPENSES AUG/SEPT 2004

12.b. Amount.

\$1666.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name: _____
 Trade Name, if any: _____
 P.O. Box, Bldg., Room No., if any: N/A
 Street: _____
 City: _____
 State: _____ ZIP Code + 4: _____

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing <u>Robert H. Groh</u>	File Number U- <u>2836</u>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>MASTERS, MARIS & PILOT BENEFIT PLANS</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>700 MARITIME BLVD SUITE A</u></p> <p>City <u>ANTHURUM HEIGHTS</u></p> <p>State <u>MARYLAND</u> ZIP Code + 4 <u>21040-1941</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>ROBERT GROH, VP TRUSTEE</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <u>SUITE B</u></p> <p>Street <u>540 EAST MENARD ROAD</u></p> <p>City <u>BOHARD BEACH</u></p> <p>State <u>FLORIDA</u> ZIP Code + 4 <u>33060-9354</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>I AM A TRUSTEE & PARTICIPANT IN THE TRUST/PLANS LISTED #8</u></p> <p>11.b. Approximate dollar value of such dealing. <u>N/A</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>REIMBURSEMENT OF EXPENSES FOR ATTENDING TRUST MEETINGS OCT 2004</u></p> <p>12.b. Amount. <u>\$23300</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <u>N/A</u></p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p style="text-align: center;"><u>N/A</u></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing <u>Robert H. Groh</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name MASTERS, MARS & PILOT BENEFIT PLANS
 Trade Name, if any: _____
 P.O. Box, Bldg., Room No., If any: _____
 Street 700 MARITIME BLVD SUITE A
 City ANTHONY HEIGHTS
 State MARYLAND ZIP Code + 4 21040-1901

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name ROBERT GROH, VP TRUSTEE
 Trade Name, if any: _____
 P.O. Box, Bldg., Room No., If any: SUITE B
 Street 540 EAST MENAS ROAD
 City BEACHWOOD BEACH
 State FLORIDA ZIP Code + 4 33060-9354

11.a. Nature of such dealing.

I AM A TRUSTEE & PARTICIPANT IN THE TRUST/PLANS LISTED IN #8.

11.b. Approximate dollar value of such dealing.

N/A

12.a. Nature of interest held or income received.

I.F.E.B.P. MEMBERSHIP

12.b. Amount.

\$650.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____
 Trade Name, if any: _____
 P.O. Box, Bldg., Room No., If any: N/A
 Street _____
 City _____
 State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.